

# APPLICATION FOR PLACEMENT

1155 Stoops Ferry Road, Coraopolis, PA 15108  
(800) 245-4722 Fax (412) 507-3031

In compliance with Federal and State equal employment laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age or marital status. The Independent Business Entity completing this application will be hereto referenced as an "IBE".

Agent No \_\_\_\_\_ Date of Application \_\_\_\_\_ E-mail address \_\_\_\_\_

Operator License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

ADDRESS FOR PAST THREE YEARS | \_\_\_\_\_ How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

ADDRESS FOR PAST THREE YEARS | \_\_\_\_\_ How Long? \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State & Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

Do you have the legal right to work in the United States? \_\_\_\_\_

**PHYSICAL HISTORY**

List any handicap that prevents you from doing certain kinds of work \_\_\_\_\_

Ever injured on the job? \_\_\_\_\_ Give nature and degree of such injuries \_\_\_\_\_

How much time lost from work in past three years for illness? \_\_\_\_\_

**Emergency notification information**

Name: \_\_\_\_\_ Home Telephone # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Relationship: \_\_\_\_\_

**PRE QUALIFICATION DRUG TESTING FEE**

A urine sample will be collected and tested for controlled substances per FMCSA Regulations. I also understand that if I test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicle. The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive, and if positive, the identity of the controlled substance for which the test was positive. The results will not be released to any additional parties without my written authorization

I understand that there will be a \$100.00 administrative fee for the drug test if I leave within six (6) months. This deduction will be taken from the (IBE).

**Request to prior Motor Carrier that contracted with Individual & Safety performance history**

IBE driver name: \_\_\_\_\_ SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ DOT#: \_\_\_\_\_

Form of Request:  Fax Fax #: \_\_\_\_\_

Phone Phone #: \_\_\_\_\_

Mail Contact Name #: \_\_\_\_\_

Title #: \_\_\_\_\_

Date of Hire/Contracted: From: \_\_\_\_\_ To: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

Position Held: \_\_\_\_\_

Trailer Type: Van Flats  CU  Tank  Tractor/Trailer  Straight Truck  Other Trailer Lengths \_\_\_\_\_

Commodities Hauled: General  Lumber  Steel  Equipment  Refrigerated  Containers  Other \_\_\_\_\_

Area of Operation: Northeast  East Coast  Southeast  Midwest  West Coast  Northwest

Number states ran  Reason for Leaving: \_\_\_\_\_

(If terminated Why/) \_\_\_\_\_

Eligible for Rehire?  Yes  No (If no Why? \_\_\_\_\_) Upon Review \_\_\_\_\_

Number of Accidents: \_\_\_\_\_ If any accidents, please provide information below and any other report that you have available

Date \_\_\_\_\_ Nature of Accident \_\_\_\_\_ City & State \_\_\_\_\_ # of injuries \_\_\_\_\_ # of Fatalities \_\_\_\_\_ Hazmat Released? \_\_\_\_\_

Date \_\_\_\_\_ Nature of Accident \_\_\_\_\_ City & State \_\_\_\_\_ # of injuries \_\_\_\_\_ # of Fatalities \_\_\_\_\_ Hazmat Released? \_\_\_\_\_

Date \_\_\_\_\_ Nature of Accident \_\_\_\_\_ City & State \_\_\_\_\_ # of injuries \_\_\_\_\_ # of Fatalities \_\_\_\_\_ Hazmat Released? \_\_\_\_\_

Did individual ever have a cargo claim? Explain: \_\_\_\_\_

**Drug and Alcohol testing:**

If individual was not subjected to DOT testing requirements while hired/contracted, please check here \_\_\_\_\_ Yes/No \_\_\_\_\_

1. Has this person had an Alcohol Test with a result of 0.04 or higher concentration? \_\_\_\_\_ Yes/No \_\_\_\_\_

2. Has this person tested positive for any test specimen for controlled substances? \_\_\_\_\_ Yes/No \_\_\_\_\_

3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? \_\_\_\_\_ Yes/No \_\_\_\_\_

4. Has this applicant violated any other DOT drug & alcohol testing regulation? \_\_\_\_\_ Yes/No \_\_\_\_\_

5. If this person has violated a DOT drug and Alcohol Regulation, was a SAP Prescribed Program completed while under contract, including return-to-duty and follow up? \_\_\_\_\_ Yes/No \_\_\_\_\_

If yes please send documentation back with this form.

6. For an individual who has successfully completed a SAP rehabilitation referral and remained under contract, did this driver subsequently have an alcohol test of 0.04 or greater, a verified positive drug test or refused to be tested? \_\_\_\_\_ Yes/No \_\_\_\_\_

In answering these questions, include any drug or alcohol testing information obtained from previous Motor Carrier under FMCSR 40.25 or other applicable DOT agency regulations.

Verification completed by: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax back to ARL Transport LLC at 412-507-3031 or 1-800-513-7078 or email to [safety@arlnetwork.com](mailto:safety@arlnetwork.com)

Office use only:

1<sup>st</sup> Attempt \_\_\_\_\_ 2<sup>nd</sup> Attempt \_\_\_\_\_ 3<sup>rd</sup> Attempt \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**  
**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604(b) (2) (a) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1966 (Title II, Subtitle D, chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, your previous drug and alcohol test results, and your driving record (MVR) may be obtained on you for driver qualification purposes. These reports are required by Sections 382.413, 391.23 of Federal Motor Carrier Safety Regulations.

It is agreed and understood that ARL Transport LLC, (the Motor Carrier) may investigate your (IBE driver) background to ascertain any and all information of concern to your driving record, your criminal record and your civil record, whether same is of record or not, your FMCSA PSP (Pre-employment Screening Program) and the driver releases the company, persons named herein from all liability for any damages emanating from driver furnishing and the Motor Carrier investigating such information.

I understand that the information provided on the application concerning previous employers may be used, and that previous employers will be contacted, for the purpose of investigating the applicant's safety performance history. I understand I have the right to:

1. Review Information provided by previous employers;
2. The right to have errors in the information corrected by the previous employer, and for the previous employer to re-send the corrected information to the Motor Carrier;
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information
4. The right if applying in California, Minnesota or Oklahoma, to request a free copy of the background report.

The applicant agrees to furnish such additional information and complete such examinations as may be required to complete the qualification process. It is agreed and understood that this in no way obligates the Motor Carrier to qualify the applicant. In the event of qualification, Motor Carrier reserves the right to obtain periodic motor vehicle reports on the applicant.

**NOTICE TO APPLICANTS PREVIOUS EMPLOYERS:**

The person whose signature and social security number appears below, has applied with ARL Transport LLC, listing you as a past employer or as a previous subcontracted purpose. Under 49 CFR we are required to request the following information from you and in turn, you are required to provide us with this information. By signing below, he/she has authorized your organization to release his/her Drug and Alcohol Testing History, Work History, Accident Involvement, and Equipment Operated information as requested on the accompanying form, Motor Carrier

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Applicants Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

**IBE NAME:** \_\_\_\_\_

**EMPLOYMENT HISTORY SECTION MUST BE COMPLETE FOR 10 CONSECUTIVE YEARS. DO NOT LEAVE GAPS BETWEEN COMPENSATED OR NON-COMPENSATED POSITIONS. DO NOT LIST THE NAME OF AN EQUIPMENT OWNER, THE NAME OF THE MOTOR CARRIER THE EQUIPMENT IS LEASED TO MUST BE LISTED**

Are you currently enrolled in, or have you graduated from a truck driving school in the last 3 years? Yes \_\_\_ No \_\_\_

Name of school: \_\_\_\_\_ Dates attended: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ **Certificate must be attached to this application**

**Most Recent Employer/Lessor:** From (mm/yr): \_\_\_\_\_ To (mm/yr) \_\_\_\_\_

Company Name: \_\_\_\_\_ Terminated: Yes \_\_\_ No \_\_\_

Street Address: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Type of equipment driven: \_\_\_\_\_

Telephone: \_\_\_\_\_ Country: \_\_\_\_\_ Type of trailer(s) pulled: \_\_\_\_\_

Position held: \_\_\_\_\_ Number of accidents/incidents: \_\_\_\_\_ Miles driven weekly: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/lessor? Yes \_\_\_ No \_\_\_

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes \_\_\_ No \_\_\_

**Most Recent Employer/Lessor:** From (mm/yr): \_\_\_\_\_ To (mm/yr) \_\_\_\_\_

Company Name: \_\_\_\_\_ Terminated: Yes \_\_\_ No \_\_\_

Street Address: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Type of equipment driven: \_\_\_\_\_

Telephone: \_\_\_\_\_ Country: \_\_\_\_\_ Type of trailer(s) pulled: \_\_\_\_\_

Position held: \_\_\_\_\_ Number of accidents/incidents: \_\_\_\_\_ Miles driven weekly: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/lessor? Yes \_\_\_ No \_\_\_

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes \_\_\_ No \_\_\_

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Company Name: \_\_\_\_\_ Terminated: Yes \_\_\_ No \_\_\_

Street Address: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Type of equipment driven: \_\_\_\_\_

Telephone: \_\_\_\_\_ Country: \_\_\_\_\_ Type of trailer(s) pulled: \_\_\_\_\_

Position held: \_\_\_\_\_ Number of accidents/incidents: \_\_\_\_\_ Miles driven weekly: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/lessor? Yes \_\_\_ No \_\_\_

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes \_\_\_ No \_\_\_

**Most Recent Employer/Lessor:** From (mm/yr): \_\_\_\_\_ To (mm/yr) \_\_\_\_\_

Company Name: \_\_\_\_\_ Terminated: Yes \_\_\_\_ No \_\_\_\_

Street Address: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Type of equipment driven: \_\_\_\_\_

Telephone: \_\_\_\_\_ Country: \_\_\_\_\_ Type of trailer(s) pulled: \_\_\_\_\_

Position held: \_\_\_\_\_ Number of accidents/incidents: \_\_\_\_\_ Miles driven weekly: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/lessor? Yes \_\_\_\_ No \_\_\_\_

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes \_\_\_\_ No \_\_\_\_

**Most Recent Employer/Lessor:** From (mm/yr): \_\_\_\_\_ To (mm/yr) \_\_\_\_\_

Company Name: \_\_\_\_\_ Terminated: Yes \_\_\_\_ No \_\_\_\_

Street Address: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Type of equipment driven: \_\_\_\_\_

Telephone: \_\_\_\_\_ Country: \_\_\_\_\_ Type of trailer(s) pulled: \_\_\_\_\_

Position held: \_\_\_\_\_ Number of accidents/incidents: \_\_\_\_\_ Miles driven weekly: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/lessor? Yes \_\_\_\_ No \_\_\_\_

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes \_\_\_\_ No \_\_\_\_

**Most Recent Employer/Lessor:** From (mm/yr): \_\_\_\_\_ To (mm/yr) \_\_\_\_\_

Company Name: \_\_\_\_\_ Terminated: Yes \_\_\_\_ No \_\_\_\_

Street Address: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Type of equipment driven: \_\_\_\_\_

Telephone: \_\_\_\_\_ Country: \_\_\_\_\_ Type of trailer(s) pulled: \_\_\_\_\_

Position held: \_\_\_\_\_ Number of accidents/incidents: \_\_\_\_\_ Miles driven weekly: \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations while employed/leased by the employer/lessor? Yes \_\_\_\_ No \_\_\_\_

Did you perform any safety sensitive functions in this job, regulated by DOT and subject to drug and alcohol testing requirements as required by Federal Regulations 49 CFR part 40? Yes \_\_\_\_ No \_\_\_\_

If unemployed or out of the country, during any period listed above, I hereby certify I have not been involved in any accidents, traffic violations, lawsuits or criminal action, other than what I have listed above or reported on my motor vehicle records to the above named carriers.

I further attest that I have not been involved in any activity that would disqualify me as a commercial motor vehicle driver and currently hold a valid commercial motor vehicle license as outlined in the Federal Regulations, Title 49.

**ACCIDENT RECORD:** Failure to list all accidents may result in your disqualification. If you have not had accidents in the past 3 years, write NONE. If additional space is needed, please use a separate sheet of paper, write continuation, sign and date.

DATES	TYPE OF VEHICLE	FATALITIES	INJURIES

**TRAFFIC VIOLATION:** Failure to list all violation may result in your disqualification. List and explain in detail giving dates and location of all tickets that you have received in the past 3 years (with the exception of parking tickets). If additional space is needed use a separate sheet of paper, write continuation, sign and date. If you have had no traffic violation in the past 3 years write NONE.

TRAFFIC CONVICTION	DATE	CITY/STATE	PENALTY

LIST ALL OPERATORS LICENSES HELD IN LAST 3 YEARS	STATE	LICENSE NO	TYPE	EXPIRATION DATE

**If the answers to either A, B, or C is yes, attach a statement giving complete details. A positive answer to any of the following questions does not necessarily eliminate you from further consideration**

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes\_\_\_\_\_ No\_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked? Yes\_\_\_\_\_ No\_\_\_\_\_
- C. Have you ever been convicted of a felony? Yes\_\_\_\_\_ No\_\_\_\_\_
- D. Are you A US Citizen? Yes\_\_\_\_\_ No\_\_\_\_\_
- E. Have you ever failed or refused a pre-employ or random drug or Alcohol Test? Yes\_\_\_\_\_ No\_\_\_\_\_

**IF THE ANSWER TO EITHER A, B, OR C IS YES, ATTACH STATEMENT GIVING DETAILS**

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES
		FROM	TO	
STRAIGHT TRUCK:				
TRACTOR AND SEMI-TRAILER:				
TRACTOR-TWO TRAILERS:				
OTHER:				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM: \_\_\_\_\_

The Department of Transportation as well as your Carrier's insurance company "Prohibits" any person not qualified and approved to operate equipment leased to the Motor Carrier.

No Passengers are permitted in a unit under lease this includes:

1. Family member(s) 2. Lumper/helper(s) 3. Friend 4. Truck owner if not qualified 5. Any person under the age of "18"

ANY IBE OR THEIR DRIVER WHO VIOLATES THESE POLICIES OR WHOM HAS KNOWLEDGE OF A VIOLATION OF THESE POLICIES AND DOES NOT REPORT IT WILL RECEIVE DISCIPLINARY ACTION UP TO AND INCLUDING DISQUALIFICATION.

**NOTICE TO IBE/IBE DRIVER  
AND  
IBE/IBE DRIVER CERTIFICATION OF NON-MOTOR CARRIER COMPENSATED WORK**

**NOTICE TO DRIVERS**

In accordance with Section 395.2 of the Federal Motor Carrier Safety Regulations, Title 49 of the Code of Federal Regulations, as amended in a Final Rule issued on December 23, 1994, carriers and drivers are to include as "on-duty" time a driver spends "Performing any compensated work for any non-motor carrier entity."

**IBE DRIVER CERTIFICATION OF NON-MOTOR CARRIER COMPENSATED WORK**

I hereby certify that I have read the foregoing "Notice to IBE/IBE DRIVER" and understand that any time I spend performing any compensated work for non-motor carrier entity must be included as "on-duty time" under the federal hours of service regulations.

I further certify that: (Check appropriate box)

( ) Currently, I am not performing any compensated work for any non-motor carrier entity; in the event that I do perform work for any non-motor carrier entity for which I have been compensated, I will immediately notify Carrier that such work has been or will be performed, and will provide details on the nature of the work performed.

( ) I am performing work for a non-motor carrier entity for which I am being or will be compensated and have or will provide details about the nature of that work to the Motor Carrier.

**OCCUPATIONAL ACCIDENT INSURANCE**

**COVERAGE IS MANDATORY**

In order to protect you, your family, and your business the Motor Carrier requires you to be covered by Occupational Accident Insurance. The following enrollment form for Occupational Accident Coverage must be completed and submitted to the Safety Department prior to qualification date.

This plan will be provided at \$146.00/month plus \$1.00 administration fee, totaling \$147.00 per month. The deduction will be taken in bi-weekly payments of \$73.50. Please take note the policy coverage will give you or your driver protection on and off the job.

If you would like to purchase your own policy for the Occupational Accident that is similar or equal to The Motor Carrier policy this coverage can be obtained through Owner Operator Independent Drivers Association (OOIDA) [www.ooidatruckinsurance.com](http://www.ooidatruckinsurance.com).

I understand and agree that any and all claims and /or resolution of all claims resulting from this policy are strictly between the IBE/IBE driver and One Beacon Insurance Company.

I authorize the Motor Carrier to deduct from the IBE settlements and pay to One Beacon, the appropriate amount for the trucking Occupational Accident Plan of which I have enclosed the enrollment form.

I have purchased my own policy through OOIDA and have Motor Carrier listed as a certificate holder I understand that this certificate must be on file before the qualification is finalized.



OneBeacon America Insurance Company
Canton, Massachusetts

DRIVER ENROLLMENT AND BENEFICIARY FORM
TRUCKERS OCCUPATIONAL ACCIDENT INSURANCE
ARL TRANSPORT, LLC. 216-000-794

Please print:

Name: Male: Female:
Street Address: City: State: Zip:
Social Security Number: Date of Birth: E-Mail Address:
Home Telephone Number: Cell Telephone Number:
Name of Beneficiary: Relationship of Beneficiary:
CDL Number: Number of Years Experience:
Contracted by (Name of Company): Effective Date of Contract:
Street Address: City: State: Zip:
Motor Carrier Telephone Number: Fax Number:
Motor Carrier E-Mail Address:

FRAUD STATEMENT

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and will also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

In providing this information, I, the undersigned, understand and hereby state that:

- 1. to the best of my knowledge and belief, all information on this Form is complete and truthful;
2. this coverage being is not a contract for Statutory Workers' Compensation Insurance, and neither I nor my carrier become participants in the Workers' Compensation system by purchasing this insurance; and
3. if, based on the information supplied in this Form, I am not eligible for coverage, premium will be refunded and no claims will be payable.

By my signature below, I, the undersigned, also authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or any other organization, institution or person that has any records, including any medical records, to furnish such information or copies of records to OneBeacon America Insurance Company, the motor carrier or the motor carrier's designee. A photographic copy of this authorization shall be as valid as the original.

IF THE INFORMATION PROVIDED IN THIS FORM IS FRAUDULENT,
THE INSURER HAS THE RIGHT TO RETURN PREMIUM AND CANCEL COVERAGE.

In order to verify the information provided in this Form, I, the undersigned, give the Insurer authority to examine the records that are maintained by the motor carrier. I certify that I am an independent contractor, paid by a 1099 tax form, not as a W-2 employee.

Driver's Signature: Date:
Motor Carrier Representative's Signature:

Payment Authorization: I authorize the above named motor carrier, with whom I have a contract, to take monthly deductions, equal to my premiums, from my settlement account on my behalf, and to remit these funds to OneBeacon America Insurance Company.

I UNDERSTAND THAT THE COST OF THE INSURANCE IS MY SOLE OBLIGATION AND RESPONSIBILITY, regardless of the above arrangement of premium payment. I agree that I will forward any amount due and owing to OneBeacon America Insurance Company, upon demand, for any insurance at any time my account remains unpaid.

IBE Signature: Date:



## DRUG TESTING



All IBE/IBE Driver who are qualified to operate a commercial motor vehicle in interstate or intrastate commerce under permanent lease with ARL are subject to testing under this policy. This includes both CDL and Non-CDL drivers.

I have received a copy of the Transportation Drug and Alcohol Policy and have been provided information on the following:

1. The person designated by the company to answer questions about these materials;
2. Who is subject to alcohol misuse and controlled substance requirements
3. Explanation of a safety-sensitive function;
4. What driver conduct is prohibited;
5. Circumstances for drug and/or alcohol testing;
6. Procedures used to test for the presence of drugs and/or alcohol;
7. The requirement that employees submit to controlled substance and alcohol testing
8. An explanation of what constitutes a refusal to submit to testing;
9. The consequences for drivers violating the prohibitions of this rule, including the immediate removal of the driver from safety-sensitive functions;
10. The consequences for drivers found to have an alcohol concentration level of 0.02 or greater, but less than 0.04; and
11. Information concerning the effects of alcohol and controlled substances use on an individual's health, work, and personal life. Signs and symptoms of an alcohol or controlled substances problem and available methods of intervening when an alcohol or a controlled substances problem is suspected, including confrontation, referral to an employee assistance program, and/or referral to management.

## CERTIFICATION OF COMPLIANCE



**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding. The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) You, as a commercial vehicle driver, may not possess more than one CDL  
If you currently have more than one license, you should keep the CDL from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
- 2) Part 392.42 and Part 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Part 383.31 requires that any time you violate a state or local traffic law (other than parking); you must report it to your employing motor carrier and the state that issued your license within 30 days.

**IBE/IBE Driver CERTIFICATION:** I certify that I have read and understand the above requirements.

**IBE DRIVER**

**POST-  
ACCIDENT  
AUTHORIZATION**

**IBE DRIVER AUTHORIZATION**

**For Release of Post-Accident Documents**

**By reason of my inability to provide a breath and/or urine sample after a recordable accident as defined by FHWA for which I was a surviving IBE driver involving a loss of human life or I received a citation for a moving traffic violation arising from the accident, I:**

**IBE driver**

**here by authorize the release to**

\_\_\_\_\_

**Motor Carrier**

**of all hospital reports and other documents which would indicate whether there was alcohol and/or any controlled substances in my system following a motor vehicle accident I was involved in on**

\_\_\_\_\_, 20 \_\_\_\_

**Signature of IBE/IBE driver:** \_\_\_\_\_

**Witness:** \_\_\_\_\_  
**(This authorization is valid until withdrawn in writing by the IBE driver).**

**ROAD TEST EQUIVALENT**

**SECTION 391.33 FMCSR**

In place of, and as equivalent to, the road test required by 391.31, a person who seeks to drive a commercial motor vehicle may present, and a motor carrier may accept –

- 1) A valid operator's license which has been issued to him/her by a State that licenses drivers to operate specific categories of commercial motor vehicles and which, under the laws of the State, licenses him/her after successful completion of a road test in a commercial motor vehicle of the type the motor carrier intends to assign to him/her; or
- 2) A copy of a valid certificate of driver's road test issued to him/her pursuant to 391.31 within the preceding 3 years.

"IBE driver "certifies that I successfully completed a road test under the laws of the state with whom I have been issued a commercial operator's license as described in Section (1) above.

**IBE DATA SHEET**

Name (print): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

MOTOR VEHICLE OPERATOR'S LICENSE NUMBER: \_\_\_\_\_

TYPE OF LICENSE: \_\_\_\_\_ ISSUING STATE: \_\_\_\_\_

Instruction: The regulations of the Department of Transportation (Rule 395.8(j) (2), require you to furnish a statement of the amount of time worked during the last period of seven (7) consecutive days. In the spaces below, show the number of hours worked (on duty) in each of the last 7 days.

Day	1	2	3	4	5	6	7	TOTAL
Date	_____	_____	_____	_____	_____	_____	_____	_____
Hours Worked	_____	_____	_____	_____	_____	_____	_____	_____

I hereby certify that the information given above is correct to the best of my knowledge and belief and that I was last relieved from work at \_\_\_\_\_ on \_\_\_\_\_ (Time) (Day) (Month) (Year)

**POLICY & PROCEDURES**

I acknowledge the receipt of IBE Policy & Procedure Manual and the Motor Carrier's Drug & Alcohol Policy. In addition, I certify that I have read, and will adhere to both policies.

**IBE RECEIPT**

I acknowledge receipt of the FEDERAL MOTOR CARRIERS SAFETY REGULATIONS POCKETBOOK (347). In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 383, 387, 390-399, Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.



## **ARL Transport, LLC DOOR STRAP POLICY**

Over the last several years we have seen an increase in damages to Trailer and Containers. Most of these damages have been door related damages due to broken or insufficient door holdback latches.

These damages have cost our Independent Business Entities (IBEs) and their drivers thousands of dollars in deductibles for equipment damage as well as property damage to buildings and other vehicles. Some IBEs have also incurred injuries from the doors coming loose and hitting them, especially in high-wind situations. Due to these issues, ARL Transport, LLC has adopted a Door Strap Policy. Each IBE will be supplied with a set of two (2) straps to hold trailer and container doors open. The door straps are of a "Cam-Buckle" design and are very easy and quick to use, they are rated at 183 pounds. The straps will be supplied at no cost to the IBE; replacements will be looked at on a case by case basis.

Any IBE or their driver who incurs damages caused by an unsecure door and the supplied straps were not used or not used properly, the IBE will be held responsible for the full amount of any and all damages and/or losses incurred. These damages include but are not limited to, any damages to the Trailer/Container (including chassis), property or persons. It is the IBE or IBE's driver sole responsibility to insure the Door Straps are used properly during the loading and/or unloading process. They should make sure there is no slack or play in the strap and the door is held tight against the trailer. Securement should be made by using two (2) non-slip securement points, one on the door the other to the frame of the equipment.

If the IBE or his driver uses the ARL Transport, LLC door strap and secures the door properly and damages still occur, the incident will be investigated by the carriers Accident Committee. If the IBE or his driver is found to have not been negligent in the loss, the IBE will not be held responsible to pay his/her deductible for the losses and/or damages incurred.

The carrier's accident committee will have the sole determination as to if the straps were used properly or not, and to determine negligence.



## ARL Transport, LLC Roadside Reward/Forfeiture Policy

### Rewards:

Any IBE/ IBE driver who incurs a 100% clean roadside inspection with no violations (Roadside write up and/or citation) what so ever, including truck, trailer or chassis or IBE/ IBE driver , the IBE will be rewarded as follows:

**Level 1 inspection\*** (Full Inspection Equipment and Driver to North American Standards) - \$300.00

**Level 2 Inspection\*** - \$125.00 (Walk around Driver/ Vehicle Inspection)

**Level 3 Inspection\*** - \$75.00 (Driver/ Credential Only inspection)

\*\*\*As defined by CVSA under the North American Inspection Standards

Rewards will be settled after receiving an original copy of the clean roadside inspection at the corporate office. The original roadside inspection form must be to the corporate office within 10 days to be eligible for a reward. The reward will be added to the IBE's next regularly scheduled settlement after receipt at the corporate office.

It is the sole responsibility of the IBE to assign or dispense directly to the IBE's driver.

### Forfeitures:

Any IBE/ IBE driver who incurs a violation (Roadside write up and/or citation) related to the **Unsafe Driving basic for cell phone use and /or Texting while operating a Commercial Motor Vehicle (CMV)** will be deducted forfeiture as follows:

1st offense- Written warning and \$250.00 forfeiture

2nd offense in a 2 yr. period of any prior offense- 6 month provisional review and \$550.00 forfeiture

3rd offense in a 2 yr. period of any prior offense - Immediate disqualification with no eligibility for requalification for 3 years from the offense date.

Any IBE/ IBE driver who incurs a violation (Roadside write up and/or citation) related to the **Unsafe Driving basic for not wearing a seatbelt while operating a CMV** will be deducted forfeiture as follows:

1st offense- Written warning and \$100.00 forfeiture

2nd offense in a 2 yr. period of any prior offense - 6 month provisional review and \$250.00 forfeiture

3rd offense in a 2 yr. period of any prior offense - Immediate disqualification with no eligibility for requalification for 3 years from the offense date.

Any IBE/ IBE driver who incurs a violation (Roadside write up and/or citation) related to the **HOS Basic category for False report of duty status, Record of duty status not current, over the 11 or 14 hour rules or 30 minute break rule** will be deducted a forfeiture as follows:

1st offense- Written warning and \$100.00 forfeiture

2nd offense in a 2 yr. period of any prior offense- 6 month provisional review, \$250.00 forfeiture and must install Rand McNally EOBR at the IBEs expense.

3rd offense in a 2 yr. period of any prior offense - Immediate disqualification with no eligibility for requalification for 3 years from the offense date.

Any IBE/ IBE driver who incurs a violation (Roadside write up and/or citation) related to the **Unsafe Driving basic for Speeding** (any speed, excluding construction zone), Failure to obey a traffic control device, or lane use will be deducted a forfeiture as follows:

1st offense- Written warning and \$100.00 forfeiture

2nd offense in a 2 yr. period of any prior offense - 6 month provisional review and \$250.00 forfeiture

3rd offense in a 2 yr. period of any prior offense - Immediate disqualification with no eligibility for requalification for 3 years from the offense date.

Any IBE/ IBE driver who incurs a violation (Roadside write up and/or citation) related to the **Unsafe Driving basic for Speeding in a construction zone** will be deducted forfeiture as follows:

1st offense- 6 month Provisional review and \$500.00 forfeiture

2nd offense in a 2 yr. period of any prior offense - Immediate disqualification with no eligibility for requalification for 3 years from the offense date.

Any IBE/ IBE driver who incurs ANY violation (Roadside write up and/or citation) related to the **Hazmat basic** will be deducted a forfeiture as follows:

1st offense- Written warning , \$250.00 forfeiture and must complete an Online HazMat training course through JJ Keller at the IBE's expense and must pass with a 70% or better score.

2nd offense in a 2 yr. period of any prior offense - 6 month provisional review and \$550.00 forfeiture, will not be permitted to haul a hazmat load for a period of 12 months from the date of violation.

3rd offense in a 2 yr. period of any prior offense - Immediate disqualification with no eligibility for requalification for 3 years from the offense date.

If the IBE receives more than one write up for any of the aforementioned violations in one roadside the IBE will be assessed for both forfeitures and will be immediately disqualified. There will be no eligibility for requalification with the carrier for a minimum of 3 years from the date of violation. In order to be reconsidered, there must be no violations on the IBE driver's records from the disqualification date to the time requesting to return, listing the aforementioned violations.

Any IBE/ IBE driver who incurs a violation (Roadside write up and/or citation) related to the Vehicle Maintenance basic for Tires ( any related violation), Inoperative headlamps ( low or high beam), defective or missing lighting devices/reflective devices/projected / reflex tape, fire extinguisher, safety equipment, windshield wipers or washers will be deducted a forfeiture as follows:

1st offense- Written warning and \$100.00 forfeiture

2nd offense in a 2 yr. period of any prior offense - 6 month provisional review and \$250.00 forfeiture

3rd offense in a 2 yr. period of any prior offense - Immediate disqualification with no eligibility for requalification for 3 years from the offense date.

Forfeitures for Vehicle Maintenance Violations on either Vehicle 1 (Truck) or Vehicle 2 (Trailer or Chassis), will be deducted from the IBE if the violation is placed against the motor carrier. Violations placed against the Intermodal Equipment Provider (IEP) will not count against the IBE/IBE Driver.

All forfeitures will be directly deducted from the Independent Business Entity (IBE). It is the sole responsibility of the IBE to assign, dispense or deduct directly from the IBE's driver. Deductions for Forfeitures will be collected immediately after the notification from the FMSCA to the carrier. No forfeitures will be broken up into payments and will be in addition to any fines imposed by any Governmental agency involved written to the IBE driver/carrier.

I acknowledge having read and understand the above policies of the Motor Carrier.

Independent Business Entity: \_\_\_\_\_

Print IBE Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT:**

This certifies that the IBE/IBE driver application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize the Motor Carrier to make such investigation and inquiries of my personal, employment, financial, medical and results of alcohol & controlled substance tests (382.413(b)) and other related matters as may be necessary in arriving at a decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application. I understand that false or misleading information given in my application or interview(s) may result in termination of lease agreement or driver position for or as an IBE. I understand also, that I am required to abide by all rules and regulations of the Motor Carrier as permitted by law.

\_\_\_\_\_  
IBE Driver Name (Please Print)

\_\_\_\_\_  
IBE Driver Signature

\_\_\_\_\_  
ARL Representative Name (Print)

\_\_\_\_\_  
ARL Representative (Signature)